

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.	5	→	→	→	→	→
TOTAL CLAIMS	6	████████	████████	████████	████████	████████

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TOTAL DEP.	5	→	→	→	→	→						
TOTAL CLAIMS	6	████████	████████	████████	████████	████████						